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0010/PTO Rev. 6/95		U.S. Department of Commerce Patent and Trademark Office		
<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>		Attorney Docket Number	C 2684 PCT/US	
		First Named Inventor	FIES, Matthias	
<i>COMPLETE IF KNOWN</i>				
		Application Number	10/553,183	
		Filing Date	July 21, 2006	
		Group Art Unit		
		Examiner Name		
<input type="checkbox"/>	Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/>	Declaration Submitted after Initial Filing

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## DIMER DIOL (METH)ACRYLATES USED AS A MATTING AGENT

the specification of which

*(Title of the Invention)*

specification of which  
 is attached hereto.

OB

was filed on (MM/DD/YYYY) 04/08/2004 as United States Application Number or PCT International

Application Number **PCT/EP2004/003784** and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below.

Number(s)	Country	Priority Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached YES	NO
103 17 645.4	Germany	04/17/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Type a plus sign (+) inside this box +

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## DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2004/003784	04/08/2004	

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

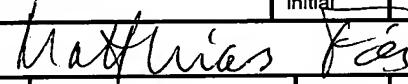
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input checked="" type="checkbox"/> Firm Name OR	23657	Customer Number or label	
<input type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below:			
Name	Registration Number	Name	Registration Number

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or label	23657	OR	<input type="checkbox"/> Fill in correspondence address below
Name					
Address					
Address					
City	State	Zip			
Country	Telephone	Fax			

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Matthias	Middle Initial		Family Name	FIES	Suffix e.g. Jr.		
Inventor's Signature						Date		
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Post Office Address								
City	47800 Krefeld	State	Zip	Country	Germany	Applicant Authority		
<input checked="" type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto							

Type a plus sign (+) inside this box +

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DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Holger		Middle Initial		Family Name	ENDRES		Suffix e.g. Jr.	
Inventor's Signature	<i>H. Endres</i>					Date	26.01.2006		
Residence: City	Neuss		State		Country	Germany		Citizenship	German
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Post Office Address									
City	41470 Neuss		State		Zip		Country	Germany	Applicant Authority
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Jan-Mirco		Middle Initial		Family Name	STACHOWIAK		Suffix e.g. Jr.	
Inventor's Signature	<i>Jan-Mirco</i>					Date	18.01.2006		
Residence: City	Essen		State		Country	Germany		Citizenship	German
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Post Office Address									
City	45279 Essen		State		Zip		Country	Germany	Applicant Authority
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Ronald		Middle Initial		Family Name	KLAGGE		Suffix e.g. Jr.	
Inventor's Signature	<i>Ronald Klagge</i>					Date	13.02.2006		
Residence: City	Erkrath		State		Country	Germany		Citizenship	German
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Post Office Address									
City	40699 Erkrath		State		Zip		Country	Germany	Applicant Authority
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.	
Inventor's Signature						Date			
Residence: City			State		Country			Citizenship	
Post Office Address									
City			State		Zip		Country	Applicant Authority	
<input type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto								